



Maricopa County Air Quality Department

Mail all Applications to:
MCAQD One Stop Shop
Permit Application Intake
501 N. 44th Street, 2nd Floor
Phoenix AZ 85008-6538
Phone: (602) 506-6464

Air Quality Department Offices
1001 N. Central Ave., Suite 400
Phoenix, Arizona 85004-1944
Phone: (602) 506-6094
Fax: (602) 506-6985
TTY/TTD (602) 506-6704

APPLICATION FOR A PERMIT TRANSFER

(As required by A.R.S. §49-483 and Maricopa County Air Pollution Control Regulations, Rule 200, Section 404)

INSTRUCTIONS

Use this form to transfer a current air quality permit from one entity to another. Submit the completed application to the Maricopa County Air Quality Department (MCAQD) at least 30 days before the proposed transfer effective date.

Respond to each of the following items. Attach additional documents where required.

1. EXISTING PERMIT NUMBER	EXPIRATION DATE		
2. EXISTING BUSINESS NAME: AND ADDRESS OF SITE IN MARICOPA COUNTY			
ADDRESS _____			
CITY _____ AZ _____ ZIP CODE _____			
3. CURRENT PERMIT HOLDER: NAME _____			
ADDRESS _____			
CITY _____ STATE _____ ZIP CODE _____			
TELEPHONE NUMBER: () _____ CONTACT (OPTIONAL) _____			
4. Person to receive permit (provide the legal name of corporation, partnership or other entity, as applicable):			
NAME _____			
ADDRESS _____			
CITY _____ STATE _____ ZIP CODE _____			
TELEPHONE NUMBER: () _____ CONTACT (OPTIONAL) _____			
5. NEW BUSINESS NAME: (IF DIFFERENT FROM THE EXISTING BUSINESS NAME)			
6. Provide a complete description of the equipment to be transferred. Attach additional sheets if necessary. Or check <input type="checkbox"/> if identical to the equipment listed under the current permit.			
<u>EQUIPMENT</u>	<u>MAKE & MODEL</u>	<u>HOW MANY</u>	<u>COMMENTS</u>
7. Submit payment of any fees due, or past due, to MCAQD before the approval of the permit transfer. Questions about fees call 602-506-6464.			
8. Attach a summary of the qualifications of each person (the New Permittee) principally responsible for the operation of the source.			
9. Attach a signed statement by the chief financial officer of the New Permittee that it is financially capable of operating the source in compliance with the law. Include all relevant information that provides the basis for the statement.			
10. Attach a brief description of any action (or a signed statement of no such action) for the enforcement of any federal or state law, rule or regulation, or any county, city or local government ordinance relating to the protection of the environment, instituted against any person employed by the New Permittee and principally responsible for operating the source during the five years preceding the date of application. In lieu of this description, the New Permittee may submit a copy of the certificate of disclosure or 10-K form required under A.R.S 49-109, or a statement that this information has been filed in compliance with A.R.S 49-109. If there had been no such actions against the New Permittee, a statement to that effect, signed by a responsible official of the new owner should be provided.			

CERTIFICATION BY THE CURRENT PERMIT HOLDER (TRANSFEROR):

I intend to transfer the responsibility, coverage and liability of this permit to the named transferee on: _____		(EFFECTIVE DATE)
I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge.		
SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS _____		DATE _____
TYPE OR PRINT NAME AND TITLE _____		
PERMANENT ADDRESS _____		
_____		TELEPHONE NUMBER () _____

CERTIFICATION BY THE NEW PERMIT HOLDER (TRANSFeree):

Upon approval of this permit transfer, I will accept full responsibility for the coverage and liability of the permit. I certify that the information provided in this application and accompanying documents is true, correct and complete to the best of my knowledge.		
SIGNATURE OF OWNER OR RESPONSIBLE OFFICIAL OF BUSINESS _____		DATE _____
TYPE OR PRINT NAME AND TITLE _____		
PERMANENT ADDRESS _____		
_____		TELEPHONE NUMBER () _____

FOR MARICOPA COUNTY AIR QUALITY DEPARTMENT USE ONLY:

DO NOT WRITE IN THIS SPACE		
<input type="checkbox"/> BUSINESS SECTION		
REVIEWED BY _____		DATE _____
<input type="checkbox"/> PERMIT SECTION, COMPLETENESS DETERMINATION		
REVIEWED BY _____		DATE _____
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED	
REASON FOR DENIAL: _____		